



# **Enrolling Vulnerable Youth in Medicaid and CHIP**

Thursday, May 22, 2014 | 2:00 to 3:30 p.m. EDT

# Agenda

- Children and Youth in Foster Care
- Medicaid Enrollment
- Outreach to Youth in Foster Care
- Outreach to Homeless Youth
- Connecting Kids to Coverage Campaign Resources



# Who Are Vulnerable Youth?

- **Vulnerable youth** qualify for Medicaid and the Children's Health Insurance Program (CHIP), but many still need to be enrolled. Examples:
  - **Young people aged out of foster system**
  - **Children and teens who are homeless**



# Keeping All Youth and Young Adults Connected to Health Care

- **JooYeun Chang, J.D.**

*Associate Commissioner of the U.S. Children's  
Bureau, Administration for Children and  
Families, U.S. Department of Health and  
Human Services*



# The Children's Bureau (CB)

- CB has advocated for the safety, well-being, and evolving needs of children, youth, and families for over 100 years.
- Ensuring that older youth and young adults in foster care have access to health care is just one of many ways to contribute to their overall well-being.



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# Children and Youth in Foster Care

- There are approximately 400,000 children and youth in foster care.
- Approximately one-third are youth aged 13+ years.
- In 2012, more than 23,000 youth exited foster care (“aged out”) without a permanent family.

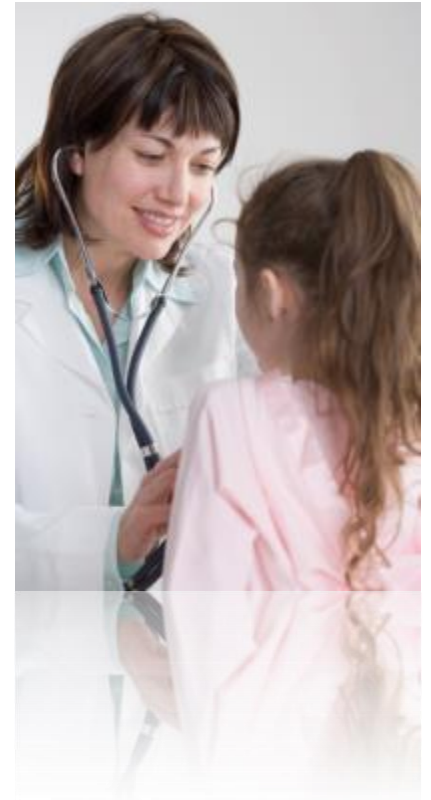


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# Health and Behavioral Health Needs

- Children and youth in care often have experienced child abuse, neglect, or trauma, which can lead to long-term health consequences or chronic conditions.
- As a group, children and youth in foster care have more health needs than their counterparts who are not in care.



# Health and Behavioral Health Needs

- A recent SAMHSA study of children enrolled in Medicaid compared those in foster care with those not in foster care.
- Children and youth in foster care had significantly higher rates of mental and physical health disorders, outpatient visits, and inpatient stays.
- Health and mental health disparities between those in and out of foster care were greatest in the 12-17 year old group.





# Health Care Coverage for Children and Youth

- Most children and youth in foster care are eligible for Medicaid and do get their health and mental health care through Medicaid.
- Until this year, the only health care option for youth aging out of foster care was coverage under the Chafee Act (generally until age 21).
- Many youth lost all health coverage when they exited from foster care.

**Medicaid.gov**  
Keeping America Healthy



# Youth Leaving Foster Care Need Services

- Youth aging out of care with no permanent family often require a variety of services, including housing, education, employment, and social services. Many experience homelessness.
- As we've seen, youth aging out of foster care often have significant health needs and have had no recourse for health care—until now.



# Impact of the ACA on Young Adults in Foster Care

- Young adults exiting foster care now have expanded health care options under the ACA.
- This benefit mirrors that of their peers who can stay on their parents' health insurance until age 26.
- It also covers youth up to age 26 previously in foster care and enrolled in Medicaid.



# Challenges to Keeping Youth Enrolled in Health Care

- Getting the word out to youth exiting foster care that they need to enroll to continue their Medicaid coverage.
- Finding youth who aged out of foster care within the last few years but are younger than 26 and still eligible.
- Informing and training child welfare workers, foster parents, and other supportive adults.



# Addressing Enrollment Challenges

- Train child welfare workers about the importance of enrolling exiting youth in health care.
- Help youth and young adults learn to access their health benefits.
- Encourage youth to follow-up with their case manager or Independent Living Coordinator if they have questions about their eligibility.
- Work to ensure that youth have permanent connections with adults. The best insurance is a permanent family!



# How Everyone Can Help Teens in Foster Care

- Foster parents, mentors, or other adults who know teens currently or previously in foster care can help educate them about their health care options under the ACA and help them access services.
- Service providers who work with older youth currently or previously in foster care should learn more about how this new ACA provision may benefit their clients.





# Resources for Youth, Parents, and Service Providers

- The White House website: Health Care and You—Young Adults: <http://www.whitehouse.gov/healthreform/relief-for-americans-and-businesses#young-adults>
- Foster care statistics: <http://www.acf.hhs.gov/programs/cb/resource/afcars-report-20>
- FAQs regarding Medicaid and youth exiting foster care:
  - <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/FAQ-12-27-13-FMAP-Foster-Care-CHIP.pdf>
  - <http://childwelfaresparc.org/wp-content/uploads/2014/04/The-Affordable-Care-Act-and-Youth-Aging-Out-of-Foster-Care.pdf>
- Health care needs of children and youth in foster care:
  - [http://greenbook.waysandmeans.house.gov/sites/greenbook.waysandmeans.house.gov/files/2012/R42378\\_gb.pdf](http://greenbook.waysandmeans.house.gov/sites/greenbook.waysandmeans.house.gov/files/2012/R42378_gb.pdf)
  - <http://store.samhsa.gov/shin/content//SMA13-4804/SMA13-4804.pdf>
- The Children's Bureau: <http://www.acf.hhs.gov/programs/cb>
- Child Welfare Information Gateway: <https://www.childwelfare.gov/>
- State Independent Living Coordinators: <http://www.nrcyd.ou.edu/state-pages/coordinators>



# New Medicaid Opportunities

- **Judith Cash**

*Director*

*Division of Eligibility, Enrollment and Outreach,*

*Children and Adults Health Programs Group*

*Center for Medicaid and CHIP Services*



# Medicaid Eligibility for Vulnerable Children

- Most children who are in foster care and many who are experiencing homelessness are eligible for Medicaid or CHIP — but many remain uninsured.
- Every attempt should be made to identify children who need help with the application or renewal process to assure their timely access to coverage and health services.



# Medicaid for Children in Foster Care



- IV-E Foster Care
- Other Foster Care



# IV-E Foster Care Children

Children for whom IV-E foster care maintenance payments are made are eligible for Medicaid in the state where they live, and should be “automatically” enrolled.

Medicaid enrollment is required in the state where the child lives, even if the child would not be eligible for IV-E foster care in that state.

States may not require these children to complete a Medicaid application or annual renewal forms.



# Transitioning Out of Foster Care

States should ensure that children returning home from foster care maintain health coverage. They should:

- Check to see whether the child could be covered under another Medicaid group
- Refer child to coverage under other insurance affordability programs





# Non-IV-E Foster Care Children

- Most non-IV-E foster care children will meet the state's Medicaid or CHIP income limits because their parent(s)' income won't count for the child's eligibility since the child isn't living at home.
- Most states cover children under age 19 with household income up to 200% of the federal poverty level (FPL); the median nationally is 250% FPL.
- 26 states now cover individuals aged 19-64 to 133% FPL.



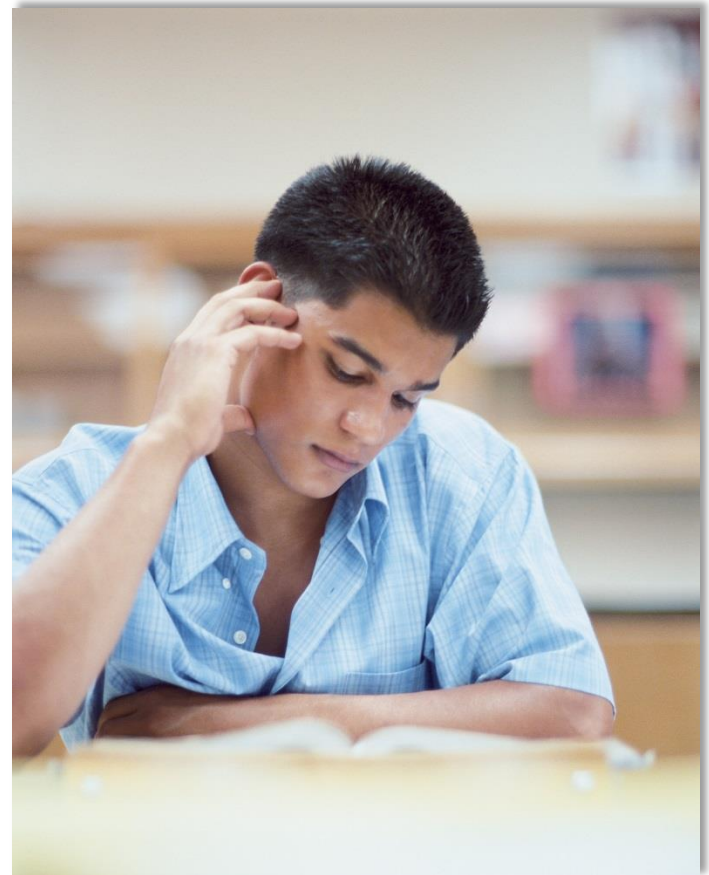
# Former Foster Care Children

- Effective 1/1/2014, the ACA requires states to cover certain “former foster care children” under Medicaid:
  - Applies to both IV-E and non IV-E foster care
  - No income test
  - Must have been enrolled in both Medicaid and foster care, either when the individual turned 18 or aged-out at a higher age, up to 21.
  - Coverage up to age 26
  - Person may not be eligible under any other mandatory category (children, pregnant women, parent/caretaker relative).
- States also have the option to cover individuals who were enrolled in Medicaid and foster care in a different state (and aged out, as described above).



# Transition to “Former” Foster Care

- Title IV-E agencies are required to help a foster youth develop a transition plan during the 90-day period before he or she “ages out.”
- Plan should include health insurance options.
- Child welfare and Medicaid agencies should begin incorporating coverage under this group in the transition plan as soon as practicable.
- States have option to accept applicant’s attestation of former foster care status, or to establish electronic data match, consistent with their state’s Verification Plan.



# Children Who Are Homeless

Medicaid doesn't have special eligibility rules for children who are homeless, living apart from parents

An applicant must attest to being a resident of the state in which he or she is applying, but the individual isn't required to have a permanent address in that state.

The Medicaid program must be able to contact the individual or representative concerning the case, but the contact information could be that of the social worker, homeless shelter, relative, friend, authorized representative, etc.



# Who May Apply and Sign ?



- State policies and practices vary about when a child may apply for Medicaid and sign the application on his or her own behalf (e.g., based on age).
- If the state requires the child to have a representative apply, that individual must be able to provide the required information: SSN, citizenship or immigration status, income, etc.
- The representative doesn't need to be the child's legal guardian, parent, or relative; but must act responsibly on the child's behalf.
- The single, streamlined application and primary reliance on electronic verifications make it easier for individuals to apply and be determined eligible.



# Determining Household Income for Vulnerable Youth

- For certain Medicaid eligibility groups, there is no Medicaid income test: IV-E children, former foster care children, non-IV-E foster care children in some states
- For Medicaid eligibility groups with eligibility based on MAGI, household income is established by:
  - Determining who is in the child's "Medicaid household" (considers whether or not the child is claimed as a tax dependent or intends to file taxes); and
  - Totaling the MAGI-based income for each individual in the "Medicaid household" whose income is counted.





# Determining Household Income for Vulnerable Youth

When determining the household of a child who does not live with a parent, the child is often the only person in the “Medicaid household” and only the child’s income would be considered in determining eligibility



# Determining Household Income for Vulnerable Youth

It is reasonable to expect that parents of vulnerable youth (including those who are homeless) may not be providing support for them.

From child's perspective, he/she will not be claimed as a tax dependent by his or her parent.

Parents may be able to claim these youth as tax dependents, depending on what portion of the year the child lived at home and how much support was provided to the child.

Reasonable expectation is from the perspective of the child who is no longer living with the parents.



# Resources

- Former Foster Care Group: Social Security Act Section 1902(a)(10)(A)(i)(IX)
- Frequently Asked Questions:  
<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/FAQ-12-27-13-FMAP-Foster-Care-CHIP.pdf>
- Proposed Rule:  
<http://www.gpo.gov/fdsys/pkg/FR-2013-01-22/pdf/2013-00659.pdf>





**Questions & Answers**

# Outreach to Youth in Foster Care

- **Leigh Cobb**

*Health Policy Director*

*Advocates for Children and Youth*



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# About Advocates for Children and Youth

An independent, statewide, child advocacy organization seeking to create a better life for all of Maryland's children through policy, practice, and advocacy. We work across four issue areas: education, child welfare, juvenile justice and health. Our health priorities include:

- Evaluating children and families access to health coverage under the State's new eligibility and enrollment system.
- Monitoring network adequacy for primary and pediatric specialty services, including pediatric dental care.
- Monitoring enrollment and access to health services for former foster youth who are now eligible for Medicaid to age 26.
- Identifying appropriate integrative care models, such as health homes, to improve the health status of vulnerable children and youth.
- Collaborating across silos to address social determinants of public health.





# Outreach Examples Across the States:

## California

Children Now and the Youth Law Center developed and posted materials on a website for [youth](#) and a website for [youth advocates](#) that includes extensive resources, materials and tips.

Partnered with **California Youth Connection** to use youth ambassadors to spread the word and develop youth specific outreach, including this PSA: <http://www.youtube.com/watch?v=229ypBptCjg>



# Outreach Examples Across the States:

## Arizona

**Created a Former Foster Care Coverage Toolkit for providers, community members, foster family groups, health care centers, etc.**

- Includes a youth-friendly Fact Sheet, FAQ's, and a handout/wallet size card.
- Designed in a “youth-friendly” style and will be distributed and promoted through our Arizona Youth Opportunities Initiative as well as social media, webinar, and in-person trainings and presentations.



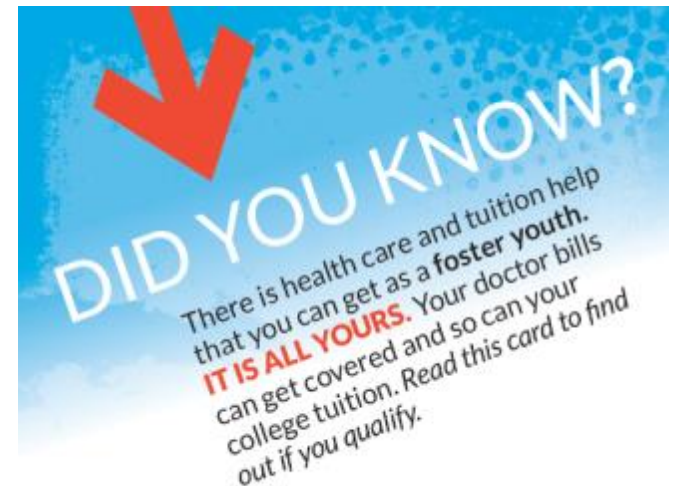
# Outreach Examples Across the States:

## Maryland

Developed materials, including a Prezi and a foldout card that informs foster youth about Maryland's tuition waiver as well as the Medicaid coverage provision.

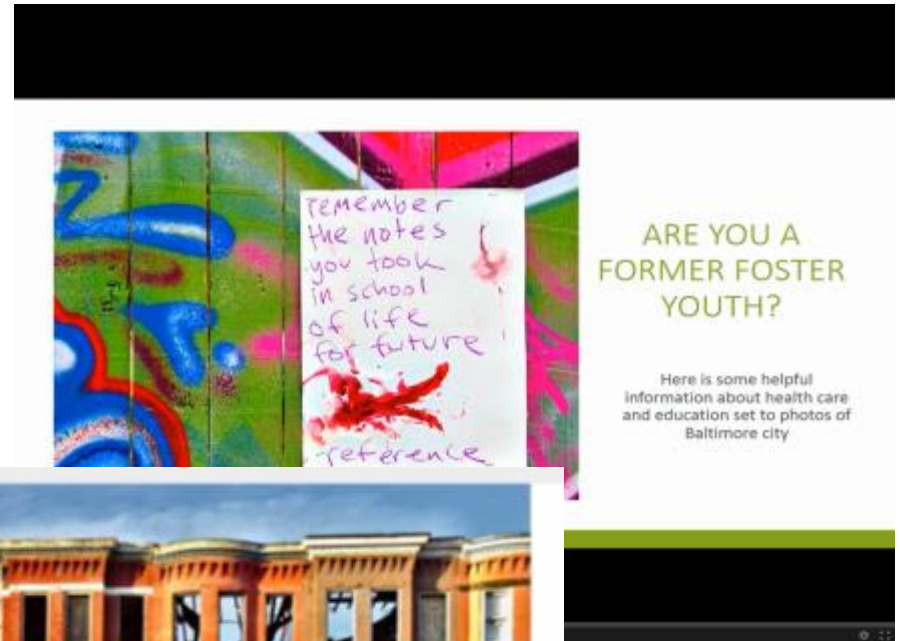
Worked with former foster youth in Baltimore to develop a song and slideshow to assist with outreach to their peers:

<https://docs.google.com/file/d/0B63LmHuB9-srWDNmVjFicFILTGM/edit>



# Outreach Examples Across the States:

## Maryland PSA



Song and slideshow outreach PSA created with former foster youth in Baltimore



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# Effective Strategies

1

- Engage youth in outreach efforts and material design

2

- Use Social Media

3

- Do not assume state agencies have educated case workers or others about this provision

4

- Success involves building trust through community and stakeholder engagement

5

- Success also requires persistence and repetition—in multiple venues and through multiple mediums



# Identified Issues

Low health literacy

Lack of transportation to enrollment locations and services

Need for in-person enrollment assistance

Systems issues:

- Early identification of former foster youth status in application process
- Electronic verification of former foster youth status
- Automatic Transition between foster care and former foster youth eligibility categories to avoid churn and gaps in service
- <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf>



# Contact Us!



We are every child's ally.

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Baltimore, Maryland 21202  
410-547-9200

[www.acy.org](http://www.acy.org)

**Leigh Stevenson Cobb**  
[lcobb@acy.org](mailto:lcobb@acy.org)



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# Outreach to Homeless Youth and Families

- **Barbara DiPietro, PhD**

*Director of Policy*

*National Health Care for the Homeless Council*



# Background

~1,200 health centers nationally (253 HCHs)

Primary care, behavioral health, case management, outreach, and enrollment/benefits

Recent HRSA funding allows greater O&E resources

National estimates: 1.6 million children homeless

Families in crisis prioritize food, shelter, survival (tend not to prioritize medical care or benefits)

Two populations at HCH projects:

- Age 0-5: Prior to school attendance (with family)
- Age 15-19: Disconnected from school (with or without family)



# Provider Perspective

- Younger kids need developmental & behavioral health screenings, immunizations, well-child visits
- Living arrangements tend to have higher risks (environmental, trauma)
- Connecting parents and children back to Medicaid helps access specialty care, broader services
- Many states allow homeless families more flexibility when changing providers
- Unstable living situation makes follow-up difficult & outreach even more vital



# Provider Perspective

- Teens need family planning, STD screening/treatment, primary care & behavioral health services
- Complex family dynamics make connecting to benefits & coordinated care more difficult
- May be reluctant to seek help for medical issues; **trust is critical**
- Exploitation, violence and trafficking are all risk factors
- State laws vary re: enrollment & services absent parent consent
- Uncertain follow-up, especially for unaccompanied youth



# Recommendations

1

- **Partner** with DV & women's shelters, meal programs, Head Start, food pantries, etc. to identify families in need

2

- **Take time** to talk with families/youth about their situation and find out what's most important to them

3

- Understand that provider priorities and client priorities are not usually the same

4

- **Focus on access** to care and the services they want that Medicaid/CHIP can help them obtain

5

- When enrolling, **select a plan and a provider nearby** to where they usually stay (consider a provider that has multi-disciplinary care and serves all ages)

6

- Know that mailing addresses and phone numbers can be problematic & be ready with an alternative



# Resources

- Connections to health care can prevent & end homelessness:
- [Client engagement tip-sheet](#)
- [“Got Medicaid?” flyer](#)
- [Children, youth & family clinical resources](#) (adapted clinical guidelines, health care delivery strategies, etc.)
- [HRSA’s “Find a health center” tool](#)
- [Find an HCH program](#)
- T&TA: [www.nhchc.org](http://www.nhchc.org)







**Questions & Answers**





**Connecting Kids to Coverage  
National Campaign Resources**

# Connecting Kids to Coverage Campaign 2014

MEDICAID/CHIP ENROLL ANYTIME

**Marketplace  
Enrollment**

October 1,  
2013 – March  
31, 2014

**Medicaid/CHIP  
Year Round  
Enrollment April  
– May 2014**

**Back-to-  
School**

June –  
August 2014



# Web Video On Year-round Enrollment





# “Kid in Charge” Flyers

## I'M YOUNG, BUT I WASN'T BORN YESTERDAY.

I know a good thing when I see it—like health coverage through Medicaid and CHIP.

And I'm here to talk it up. It's low-cost or free for children and teens up to age 19. Us kids can get regular check-ups, shots, doctor and dentist visits, hospital care, mental health services, prescriptions and more. And kids in a family of four earning up to \$47,700 a year may qualify.

You can enroll any day of the year, but why put it off when you can protect your family (and your finances) today?

To learn more about affordable health coverage for your family, visit [HealthCare.gov](http://HealthCare.gov) or call **1-877-KIDS-NOW**.



Health Insurance Marketplace



FORM PR-0023 (06-10)Z0101

## SOY JOVEN, PERO NO NACÍ AYER

Reconozco una cosa buena cuando la veo, como la cobertura de salud a través de Medicaid y CHIP.

Y yo estoy aquí para hablar sobre esto. Es a bajo costo o gratis para los niños y adolescentes de hasta 19 años de edad. Nosotros podemos obtener chequeos regulares, vacunas, visitas al doctor y al dentista, atención hospitalaria, servicios de salud mental, recetas y más. Y los niños en una familia de cuatro con ingresos de hasta \$47,700 al año pueden calificar.

Se puede inscribir cualquier día del año, pero ¿por qué posponerlo cuando puede proteger hoy a su familia (y a sus finanzas)?

Para obtener más información acerca de la cobertura de salud a un costo bajo para su familia, visite [CuidadodeSalud.gov](http://CuidadodeSalud.gov) o llame al **1-877-543-7669**.



Markado de Seguros Médicos



FORM PR-0023 (06-10)Z0101



[InsureKidsNow.gov](http://InsureKidsNow.gov)

# Tools for Outreach



- Social Media Graphics and Sharing Guide
- Radio Readers
- Drop-in Articles

[http://www.insurekidsnow.gov/professionals/year\\_round\\_enrollment.html](http://www.insurekidsnow.gov/professionals/year_round_enrollment.html)



# Order Your Materials Today

- Print materials available to download or customize:  
[insurekidsnow.gov/professionals/outreach/strategies/index.html](https://insurekidsnow.gov/professionals/outreach/strategies/index.html)
  - Available in English and Spanish
  - Some materials available in Chinese, Korean, and Vietnamese
  - Additional translations coming soon – Tagalog, Haitian Creole, Portuguese, and Hmong

## Customization Guide:

[insurekidsnow.gov/professionals/outreach/strategies/customization\\_guide .pdf](https://insurekidsnow.gov/professionals/outreach/strategies/customization_guide.pdf)

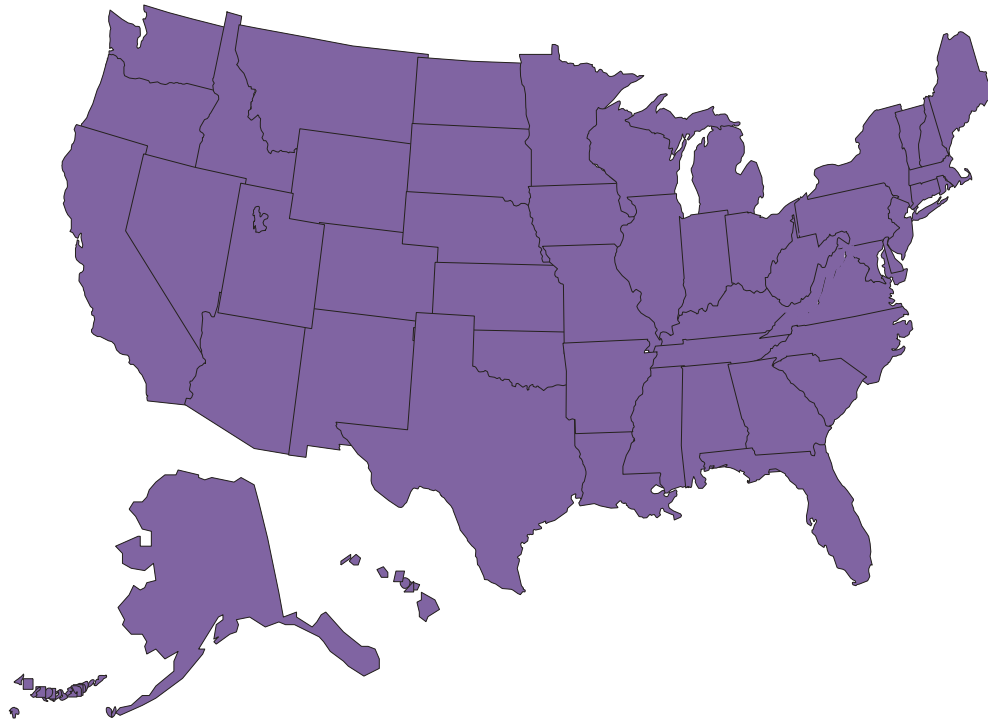


# Campaign Field Desks

Call: 1-855-313-KIDS (5437)

Email:

[InsureKidsNow@fleishman.com](mailto:InsureKidsNow@fleishman.com)





# Connect with the Campaign

- Website: [www.insurekidsnow.gov](http://www.insurekidsnow.gov)
- Connecting Kids to Coverage National Campaign Notes eNewsletter: <https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new>
- Twitter: @IKNGov; <https://twitter.com/IKNGov>
- Facebook: <https://www.facebook.com/InsureKidsNow>





**Thanks!**